


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90855 011 \*\*\*150.00

<b>DOCUMENT # P03000067309</b> 1. Entity Name <b>B-NAILS INC.</b>					
Principal Place of Business <b>2226 SE FEDERAL HWY STUART, FL 34994</b>			Mailing Address <b>2226 SE FEDERAL HWY STUART, FL 34994</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>27-0061867</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LE, HOANG ANH 3342 SE SUNTREE PLACE STUART, FL 34997</b>			Name <b>LE ANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3342 SE SUNTREE PLACE</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34997</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>		<b>ANN LE</b>		<b>04-24-07</b>	
(NOTE: Registered Agent signature required when reissuing)		DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LE, HOANG ANH 3342 SE SUNTREE PLACE STUART, FL 34997</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			<b>ANN LE PRESIDENT</b> <b>04-24-07</b>		
SIGNATURE: <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date    Daytime Phone #		